



# Maryland's Patient Centered Medical Home Pilot

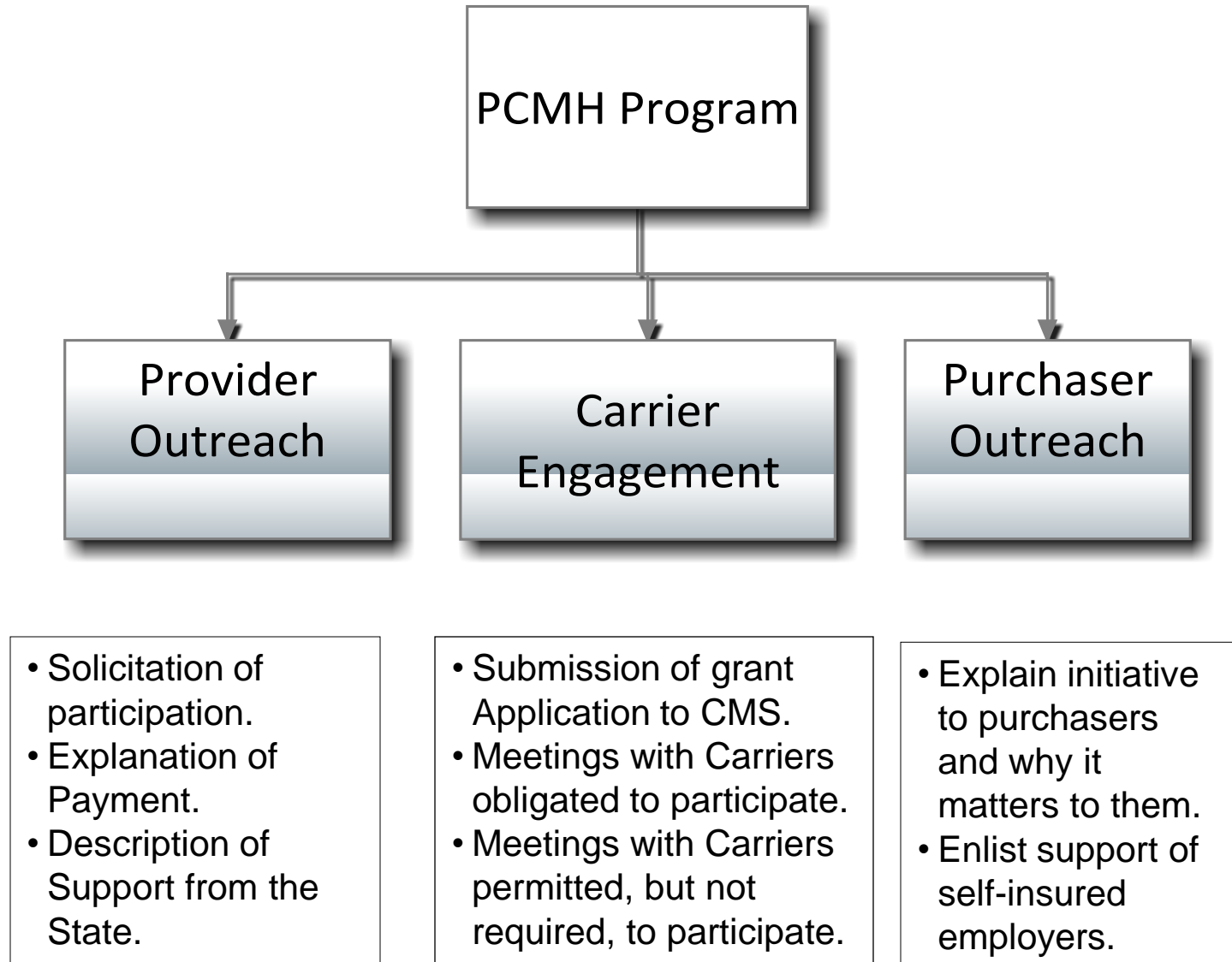
Kathleen White, PhD

Maryland Health Quality and Cost Council  
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# Maryland Medical Home Pilot – Key Elements

- ✓ Primary care practices – physician and nurse practitioner led pediatric, family practice, internal medical, and geriatric practices.
- ✓ Fifty practices, 200 providers, and at least 200,000 patients will be enrolled in the pilot. Prime objective is 200,000 patients.
- ✓ Practices must apply for NCQA PPC-PCMH Level 1 plus recognition within 6 months of pilot launch and Level 2 plus within 18 months.
- ✓ Patients will be assumed to participate but may opt-out, except for the Medicaid population.
- ✓ Practices will receive **Fixed Payment + Incentive Payment** (must meet performance standards).
- ✓ Fixed payments will be adjusted by payer status, practice size, and NCQA recognition.
- ✓ Payers' views have been sought on the approach to calculate incentive payments from shared savings.
- ✓ Fixed payments will be net from savings before incentive payments applied.

# Success will Depend on Active Support from Key Stakeholders



# Key Messages to Primary Care Practices

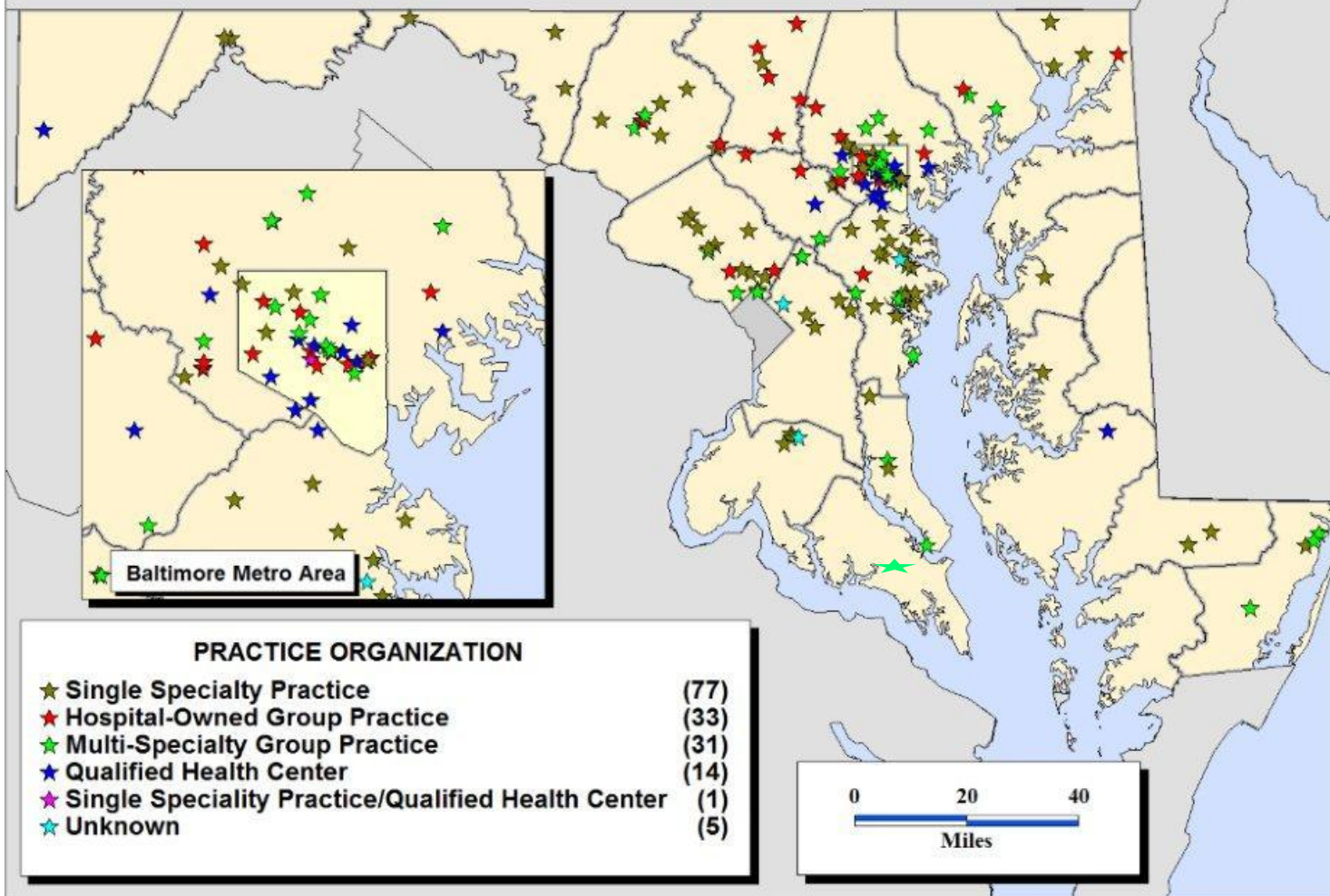
- The state of Maryland is sponsoring a PCMH pilot. All primary care practices are eligible and the major carriers in the state will participate.
- PCMH is an exciting new way to practice primary care that is gaining traction throughout the country.
- Practices are reimbursed for providing extra services and there will be an incentive payment in the form of shared savings.
- Experience has shown increased provider and patient satisfaction plus lower costs from reduced ED and hospital visits .
- Participating in the PCMH Pilot will position a practice to take advantage of the incentives provided by State of Maryland and national health reform initiatives.
- Innovative practices across the country are tackling the challenge of introducing new programs in a difficult economic environment.

## Initial outreach completed

- 7 meetings, featuring PCMH experts, were held in various locations around the State, supported by Merck & Co., Inc., and attended by more than 600 primary care practice representatives:
 

• June 22 – Baltimore, MD	Dr. Thomas Graf
• June 23 – Cambridge, MD	Dr. Thomas Graf
• June 29 –Bethesda, MD	Dr. Paul Grundy
• June 30 – Columbia, MD	Dr. Paul Grundy
• July 13 – Hagerstown, MD	Dr. James Barr
• July 14th – Fallston, MD	Dr. James Barr
• August 25 – National Harbor	Dr. James Barr
- MedChi, MDAFP, and MDACP assisted in outreach efforts.
- The Lt. Governor and Secretary of Health presented at the initial and final sessions.
- More than 160 practices and/or practice locations have expressed interest in participating.
- Webinar series has been conducted with on NCQA recognition and the Payment Approach.

# Practice Organizations Submitting Letters of Interest as of September 1, 2010



Source: Maryland Health Care Commission, September 2010

Some practices applied for most/all of their practice locations.

No Expressions of Interest received from 3 counties: Somerset, Caroline, Kent.

Interest from Washington County was less than expected.



# PATIENT CENTERED MEDICAL HOME

PROVIDER PCMH APPLICATION IS NOW AVAILABLE

## PROVIDER / PRACTICE APPLICATION

[Please Read Instructions before you begin application.](#)

### NEW REGISTRATION

[CANCEL](#)

#### A. Contact Information

**i** You must complete questions 1-6 before you save this application. You must complete all questions before you submit your final application.

1. Practice Name	<input type="text"/>
2. Organizational NPI	<input type="text"/>
3. Practice Location for which you are applying.	<input type="text"/>
4. Contact Person	<input type="text"/>
5. Phone	<input type="text"/>
6. Email	<input type="text"/>

#### B. Type of Practice

☐ Solo ☐ Single specialty group practice ☐ Multispecialty group practice ☐ Federally qualified health center

#### C. Ownership

☐ Clinicians ☐ Medical Group Practice ☐ Hospital or Health System ☐ Integrated Health System ☐ Other

#### D. Planned Maryland PCMH Program Participation

1. Do you hold NCQA PPC-PCMH Recognition?

☐ Yes, Level 1 ☐ Yes, Level 2 ☐ Yes, Level 3 ☐ No, but awaiting results ☐ No, but applied

1a. If No, enter the date you applied:  (m/d/yyyy format)

1b. List the names of all clinicians for whom you will seek PCMH Recognition at this practice location:

<input type="text"/>	<input type="button" value="Submit"/>
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Enter each name separately and press submit. Names will be listed below as entered.



# Criteria for Selection of Practices

- Practices commit to the principles of the PCMH model.
- Practices reflect the diversity of Maryland's primary care practices, including the following characteristics:
  - Geographic location;
  - Practice size;
  - Practice ownership (privately-owned, hospital-owned, FQHC); and
  - Populations served (commercially insured, Medicaid, Medicare Advantage).
- Practices commit to submit and achieve NCQA PPC-PCMH Level 1 '+' or better recognition.
- Practices provide opportunities for the Maryland PCMH program to link with and leverage existing or new opportunities, such as participation in the following:
  - Established track record of using community-based services;
  - Federal Medicaid Medical Home for the Chronically Ill grant program;
  - Practices with a demonstrated commitment to teaching – e.g., serving as teaching sites for medical school or residency teaching programs;
  - Healthiest Maryland Program.



## Planning for Practice Transformation Effort is Underway

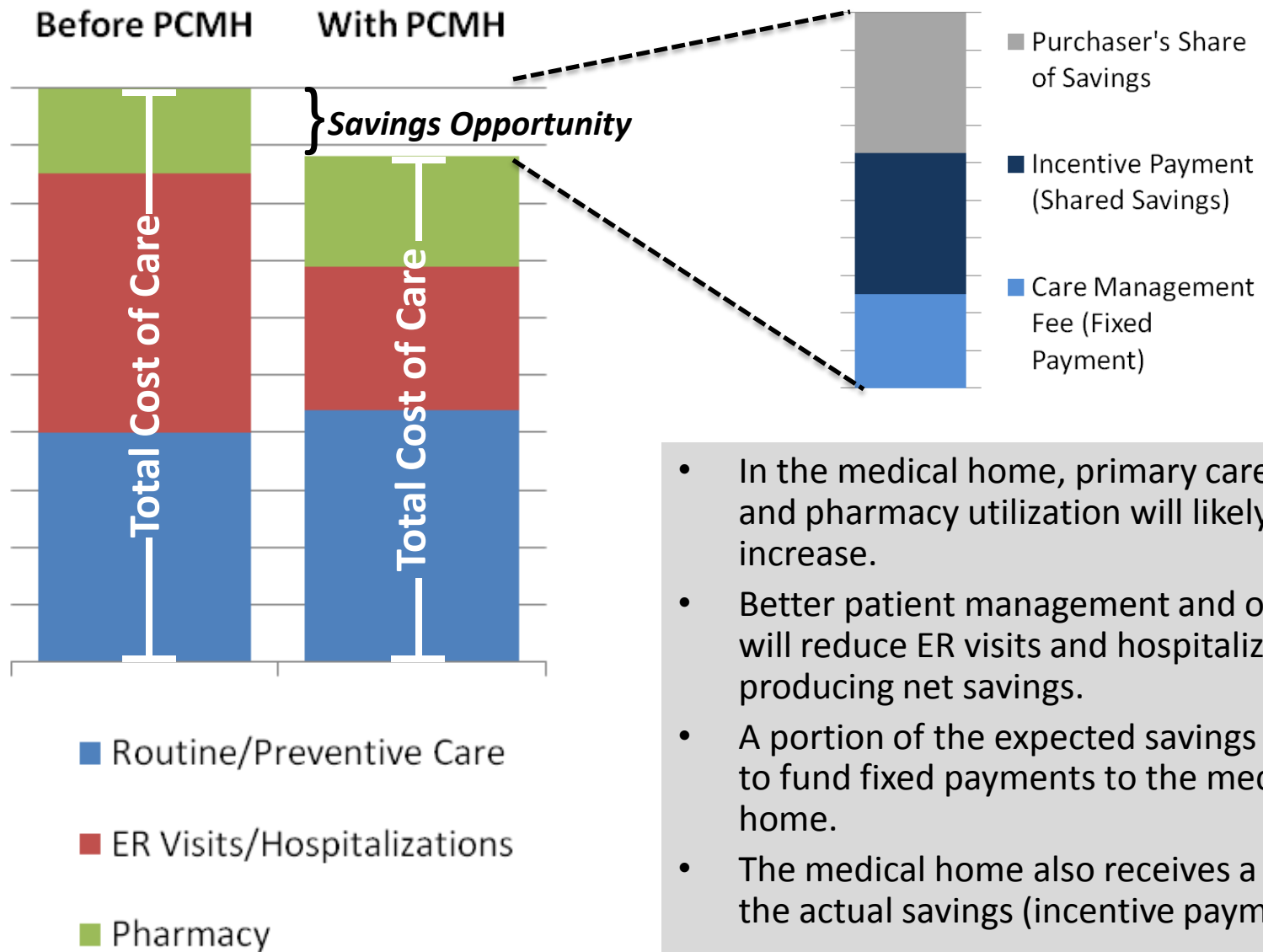
- Community Health Resources Commission will finance a learning collaborative that will be accessible to all practices in the pilot.
- Short-term goal will be to fund **transformation coaches** that will assist Practices in understanding and implementing the PCMH Model.
- Long-term goal is to use the PCMH Pilot program to build self-sustaining transformation capability in Maryland.
- MHCC and CHRC have met with several organizations that have run PCMH initiatives in other states.
  - External organization will be linked to capabilities available in Maryland;
  - External organization will be able to hit the ground running.
- Other CHRC grant funds could be used for more extensive transformation support for safety net practices.

# Initial Role For Transformation Coaches

- Provide technical assistance in achieving recognition by NCQA and enabling the practice to participate in the Maryland PCMH Program.
- Assist Practices in setting up a **Practice Redesign Team**.
- Perform Practice assessments and develop baseline from which to develop the Practice Redesign Plan.
- Develop a Practice Redesign Plan with the Team.
- Prepare Practice Teams for participation in the Learning Collaborative.
- Educate Practices on key components of participating in the Pilot, including:
  - Expectations for participating in the Learning Collaborative,
  - Implementation of PCMH components such as open access scheduling, and patient registries;
  - Quality performance measurement and payment incentives; and
  - Role and use of a care manager.

# A Common Message to All Stakeholders

## PCMH Model Must Generate Savings, if Pilot Is to Succeed



- In the medical home, primary care services and pharmacy utilization will likely increase.
- Better patient management and outcomes will reduce ER visits and hospitalizations, producing net savings.
- A portion of the expected savings are used to fund fixed payments to the medical home.
- The medical home also receives a share of the actual savings (incentive payment).

# Evolution of the Payment Methodology

- PPC-PCMH Level 1, 2, 3 '+' recognition
- Maryland specifies 'must pass' elements for each level of recognition.
  - Must pass elements are highly aligned with quality gains and costs savings.
  - Must pass elements provide a stronger rationale for payers to finance the fixed payments per month.
- Fixed Payment adjusted by PCMH achievement, category of carrier (private, Medicaid MCO, Medicare MCO) and practice size.
  - 60% of Fixed Payments cover practice transformation and operation and at least 40% of Fixed Payments are tied to the care coordination team.
- Incentive payment paid retrospectively (after annual claims analysis. )
  - Each practice must report on quality measures in year 1 and year 2 and achieve quality thresholds in year 3.
  - Each practice must also achieve reductions in hospitalizations and ED visits (from its historical baseline.)

# Outreach to Purchasers/Employers

- Currently working with Maryland State Employee Health Benefit Plan;
- Several large employers have committed to participate;
- Efforts to encourage large employer participation will increase in October:
  - Primary Care Patient Centered Collaborative (PCPCC) is making its resources available to Maryland
  - MHCC/DHMH is working with local health officers to encourage local government health benefit programs to participate.
  - MHCC/DHMH will host employer outreach meetings in November to raise awareness among self-insured.

# Engagement of Carriers

Meetings have been held with commercial carriers.

- Payment methodology has been described.
- Discussion of the quality measures that practices must report to be eligible for incentive payment.
  - Program will use CMS “Meaningful Use” measures.
  - Adult care practices will report on 18 measures, pediatrics on 5 measures.

Medicaid Administration and MCOs have met to discuss:

- Level of “fixed payments” for Medicaid patients, which are higher than for the commercially insured population.
- Establishing a separate standard PCMH fixed payment for Medicaid patients treated in FQHCs.

Medicare Participation

- Maryland submitted an application to participate in the Medicare Advanced Primary Care Demonstration. Expect to hear if Maryland is selected later in the fall.

Initial meetings with TRICARE and FEHBP held in mid-September.

# Implementation Timeline

## 2010

- June – August 7 PCMH Symposia held for interested practitioners
- August-Sept Webinar Series on NCQA Recognition and the Reimbursement Methodology
- Sept-October Practices apply for program participation  
Carriers sign participation agreements
- October Selection committee identifies participating practices
- November Practices sign participation agreements  
Carriers sign participation agreements

## 2011

- January Launch of transformation and learning collaborative  
Award of Evaluation Contractor
- June Applications due to NCQA by June 30, 2011
- April-July Participating provider practices begin operating as PCMHs  
Payers begin PPPM payments to practices